

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10806965**  
APPLICANT(S)

FILING DATE **03-22-04**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	10					
TOTAL CLAIMS	12					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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